

**Department of Human Resources
Division of Health Care Financing & Policy
Meeting for Public Comment on Review
Of Nevada Medicaid Services Manual and
Medicaid Operations Manual
September 14, 2004**

Minutes

Attendees:

In Carson City, NV

Chuck Duarte, Administrator, DHCFP

John Liveratti, Chief, DHCFP, Compliance

Darrell Faircloth, DAG

Others in attendance shown on attached lists.

In Las Vegas, NV:

Jennifer Gosney, DHCFP, Facilitator

Selena Burton, DHCFP, Facilitator

The meeting was called to order by John Liveratti, Chief Compliance at 9:00am in Room 2135 of the Legislative Building in Carson City, Nevada. The meeting was aired by video-conference to Las Vegas simultaneously. Those in attendance are on the attached lists from both locations.

Mr. Liveratti explains that the agenda will be taken out of order for this particular Public Hearing. Agenda item number 11 will be discussed first as Chuck Hillsabeck, DAG, Las Vegas has another meeting to attend at 9:30am.

Sandy Webb, SSPS I, MERS Unit, introduced MOM Chapter 100-Medicaid Estate Recovery (MER) Program: Amendments to MER regulations regarding lien policy, forms and correspondence based on the Nevada Supreme Court decision in Ullmer vs. State of Nevada, Department of Human Resources. The State Supreme Court held that the Medicaid Estate Recovery lien process was consistent with Federal and State law. However, there were certain administrative processes that needed clarification. Mr. Liveratti pointed out 103.8 is the section being changed in MOM Chapter 100. Mr. Liveratti asks Mr. Hillsabeck if he has any additional comments to add. Mr. Hillsabeck indicated he did not.

Public comment was invited. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on MOM Chapter 100 and moved acceptance and approval of the changes.

Mr. Duarte accepted the changes to MOM Chapter 100 subject to a final spelling and grammar check.

Marlene Reinecke, HCC II, Ocular, Audiology and Radiology and Marti Cote, SSPS III, Physician Services, introduced MSM Chapter 300-Radiology Services: Regarding removal of prior authorization on certain services.

303.1A Removes prior authorization requirements for medically necessary MRI, MRA, MRS, or PET scans.

303.1.A.8 Adds “The following exception requires prior authorization: All non-emergency services referred and/or provided out-of-state.”

Public comment was invited. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on MSM Chapter 300 and moved acceptance and approval of the changes as written.

Mr. Duarte accepted the changes to MSM Chapter 300 subject to a spelling and grammar check.

Mr. Liveratti explained that Agenda item number 7 would be discussed next as Marti Cote and Marlene Reinecke would also be introducing the changes to this particular chapter.

Marlene Reinecke, HCC II and Marti Cote, SSPS III, introduced MSM Chapter 1100-Ocular Services: Regarding language changes and time frames for examinations and lenses. Also clarify coverage of tinted frames.

Mr. Faircloth, DAG, questioned what type of medical needs would require tinted lenses.

Ms. Reinecke responded that there are instances where tinted lenses are used for hypersensitivity to light or double vision. Prescription sunglasses are not covered unless medically required.

Public comment was invited. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on MSM Chapter 1100 and moved acceptance and approval of the changes as written.

Mr. Duarte asked if the decision for approval of these types of lenses were done by First Health.

Ms. Reinecke’s response was that First Health does make the decision for approval in these cases.

Mr. Duarte accepted the changes to MSM Chapter 1100 subject to a spelling and grammar check.

Marti Cote, SSPS III, Physician Services, introduced MSM Chapter 600-Physician Services: Regarding corrections and additions made to the Table of Contents.

Public comment was invited. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on MSM Chapter 600 and moved acceptance and approval of the changes as written.

Mr. Duarte approved the changes to MSM Chapter 1100 subject to a spelling and grammar check.

Kathy Marsh, SSPS II, Outpatient Service, Dental and Transportation introduced MSM Chapter 1000-Dental.

Sec. 1000 Introduction – Added language regarding post service review and recoupment of payment. Language removed regarding prior approval for dentures/partials.

Sec. 1001 Authority – Changed language in last paragraph to exclude “...authorized payment for dentures..”.

Sec. 1002.1 Definition of Authorization – Changed definition to exclude prior authorization required for denture work.

Sec. 1002.3 Definition of Dental Consultant – Changed definition of Dental Consultant.

Sec. 1002.17 Definition of Provider Responsibility – Changed to include “check recipient’s photo ID.

Sec. 1002.20 Definition of Recipient Responsibility – Changed to include “bring a photo ID”.

A ten minute recess is called to discuss changes to the language for Sections 1002.17 and 1002.20.

The hearing is reconvened after ten minutes with agreement on suggested language changes to Sections 1002.17 and 1002.20 to read as follows:

Changes to Section 1002.17 taking out the existing language and insert the following: In order to assure that services are rendered to a qualified recipient;

providers should take steps to verify the eligibility and the identity of the recipient. Such steps may include checking for valid eligibility and checking recipient's identification.

Changes to Section 1002.20: Deleting the word "photo" so it will read: bring Medicaid Managed Care card and identification.

Ms. Marsh resumes reading additional changes to Chapter 1000.

Sec. 1003.2A Restorative Dentistry – Coverage and Limitations – Clarified policy re: coverage of fillings and crowns when an abutment tooth to a partial denture.

Sec. 1003.4A Periodontic Services – Coverage and Limitations – Updated with current DCT-4 codes.

Sec. 1003.5 Prosthodontic Services – Language throughout section changed to omit requirement of prior authorization for partials/dentures.

Sec. 1003.10A Services Not Covered by Medicaid – Coverage and Limitations – Clarification regarding cosmetic services and crowns for an abutment tooth.

Sec. 1003.13 Denture Identification Imbedding – Removes "authorizes" payment of ID imbedding and replaces it with "provides".

Sec. 1003.16A Services Provided in Nursing Facilities – Coverage and Limitations – Changes language regarding NF's and prior authorization for payment of dentures for residents.

Sec. 1005.4 References and Cross-References/Forms – Added a copy of an HLD index form and scoring instructions.

Sec. 1005.5 References and Cross-References/Forms – Corrected the CDT codes.

Addendum – Removed the Prior Authorization indicator for dentures, partials, and some relines.

Ms. Marsh requested one more change, that being Anthem's removal as a contact at the end of the chapter in the contacts list, First Health is already listed.

Public comment was invited. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on Chapter 1000 and moved acceptance and approval of the Chapter changes, modifications to Sections 1002.17 and 1002.20 and deletion of Anthem from Section 100.5.

Mr. Duarte accepts the Chapter changes, modifications to Sections 1002.17 and 1002.20 and deletion of Anthem from Section 100.5 subject to a final spelling and grammar check.

Marti Cote, SSPS III, Physician Services introduced MSM Chapter 2900-Mental Health Rehabilitative Treatment Services: Regarding removal of billing information. The purpose is to expedite changes in billing codes and modifiers. Remove Chapter 2900 Appendix C Billing Codes and Modifiers from the Medicaid Services Manual and place Billing Codes and Modifiers in First Health Services Corporation's Provider Billing Manual.

Public comment was invited. There were no public comments from Carson City or Las Vegas.

Mr. Liveratti closed the public hearing on Chapter 2900 and moved acceptance and approval of the changes as written.

Mr. Duarte accepted the changes to Chapter 2900 subject to a final spelling and grammar check.

Mr. Liveratti asked if there were any general or public comments. There were none from Carson City or Las Vegas.

The agenda completed, Mr. Liveratti adjourned the public hearing at 9:49am.